

**KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE
ADMINISTRATIVE BOARD
BOARD PLANNING RETREAT MINUTES
MAY 11, 2005**

Members Present: Dana Boales, Linda Brown, Joan Clement, Nancy Code, Michelle Di Miscio, Roger Goodman, Jenna Henderson, Larry Hill, Kim Murillo, Mary Alice Knotts

Members Absent: Yasmin Smith (unexcused)

Staff Present: Rhoda Naguit, Jim Vollendroff

The board planning retreat of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) was held at the Dutch Shisler Sobering Service Center, 1930 Boren Avenue in Seattle. Dinner was served at 4:30 p.m.

I. POWERPOINT PRESENTATION – Jim Vollendroff

Jim Vollendroff, using a Powerpoint presentation, provided an overview and progress report of the service system. The presentation provided an update for the Board and also served as an orientation for new Board members. Hardcopy of the presentation was later provided to Board members.

Highlights of the presentation and discussions included the following items/issues:

- **Integration of CD Prevention and Treatment.** The Department of Community and Human Services (DCHS), Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), is still in negotiation with the Seattle-King County Department of Public Health (SKCDPH) on moving the administrative responsibility for Prevention from SKCDPH to MHCADSD. MHCADSD 2006 budget planning has included Prevention although a final decision about the change has not been reached. **ACTION ITEM:** The Board voted to send a letter of support for integration to Jackie MacLean, Director of King County DCHS.
- **2005-07 Biennial Budget Increases for CD Services.** The new biennial budget approved by the legislature provides some new funding for CD services. While this is good news, most of the new \$\$\$s are categorical and must be used for services for specific populations with an emphasis on services for Medicaid eligible individuals. All agency providers are now required by the State to provide services to Title XIX clients. The amount of Title XIX funding varies among agencies.

There is little new money in the DASA budget for services for low-income individuals or for new programs. This is true for both youth and adult services. Thus, access to services for low-income individuals/families will remain a challenge.

- **Definition of successful treatment completion.** The growing emphasis on linking program funding to program effectiveness, i.e. treatment outcomes, led to a discussion of the definition and assessment of successful completion of treatment. Treatment agencies vary widely in reported completion rates and part of the variation can be explained by differences among agencies in how they define and code treatment completion. Some agencies use a narrow definition of completion while others consider a range of outcomes to define completion and success. This is not a new situation nor is it unique to King County. Jim is working with provider agencies to develop more commonality in definition, assessment, and reporting treatment completion.
- **Criminal Justice Treatment Alternative (CJTA) Funding.** CJTA funding increases in this biennium. The same group of stakeholders that developed the King County proposal for CJTA funds last year is working together again this year. Like last year, treatment services for Drug Court participants will be an important part of the proposal. Among the services that will be included in the proposal are treatment for co-occurring disorders, case management, methadone treatment for opiate dependent jail detainees and residential treatment.

Housing resources and programs to support stable housing remains an important concern of the service system and continues to be an important part of case management services. Housing vouchers for Drug and Mental Health Court clients continue to be provided.

- **Spotlight on Recovery.** The Spotlight on Recovery and Stigma Reduction Project, with the support and supervision of the 24-Hour Helpline, is developing well. Spotlight on Recovery has been charged by the Division with developing a CD counterpart to NAMI, the mental health advocacy program. The group held a picnic and afternoon celebration for clients and their families last month to begin this process. The event was well attended and generated a good deal of interest in the idea of an advocacy group.
- **Grant Funded Programs.** The Division has a number of grant funded programs that augment and enhance chemical dependency services in King County including: (1) Washington State Brief Intervention, Referral and Treatment (WASBIRT) located at Harborview Medical Center and funded by SAMSHA, is one of five WASBIRT program in Washington State. It provides an early, brief intervention with individuals who are seen in the ER with problems that may be related to substance use. (2) Access to Treatment (ATR), another SAMHSA funded program that provides \$2.1 M annually in King County. This three-year grant provides treatment and recovery support services for individuals who meet program entry criteria. This program has helped reduce (nearly eliminate) the ADATSA waiting list.

Several other grant proposals have been submitted. These include: (1) the Treatment Capacity Expansion Grant focused on services to Native Americans. The Division worked closely with the Seattle Indian Health Board and other Native American programs to develop this proposal. (2) Juvenile Drug Court Expansion Grant, (3) The Crisis Intervention Expansion Grant.

- **Methadone Waiting List.** Over the last year, Jim has worked with a number of groups to develop more effective ways to manage the Methadone Waiting List. Using a combination of additional funding for methadone treatment and more accurate tracking of individuals on the list, there is no methadone wait list at the present time. The Board thanked Jim and all of the stakeholders involved in the process for their commitment and success in solving this long-standing problem.
- **Strengthening Partnership with the City of Seattle.** While the Division is administratively a part of King County, the City of Seattle has historically been an important partner and has provided some funding for important services such as the ESP van. Strengthening the relationship with the City is an important goal. As a part of this effort, Jim will be doing a similar presentation about the system to members of the City Council. The Board should consider ways we might be helpful in this endeavor.
- **Involuntary Treatment System:** Involuntary treatment remains an inefficient and troubled part of the treatment continuum. The problems are long standing and include a cumbersome process in getting involuntary treatment status and consistent and efficient access to an involuntary treatment bed once involuntary treatment status has been obtained. The need for Detox services prior to admission to Pioneer North is another challenge to an efficient process. The Division is working with the King County Drug Court and Judge Patricia Saint Clair to explore ways to make the involuntary treatment process more consistent and efficient since the Drug Court program seems to manage the involuntary treatment process quite effectively.
- **Coordinated Information Systems/Data Bases:** As CD, MH, the criminal justice system, and housing programs continue to develop more integrated programs, coordinated data systems and ways to exchange information become increasingly important. The Division, with other stakeholders, continues to work on developing ways to coordinate and share information within HIPPA regulations. The level of cooperative and commitment to share information among agencies is encouraging.
- **Reimbursement Rates:** The Division is working on improving reimbursement rates in the following areas. (1) Title XIX Assessment Rate: The Division is working with DASA to raise the assessment rate for Title XIX clients. Since there is no new funding to achieve this increase, the tradeoff, if this is done, will be less money available for other services such as services for low-income clients. (2) Vender Rate Increase: (A copy of the recently completed Rate Study will be

sent to Board members) A vendor rate increase has been approved and is to be implemented by July 1, 2005. It could be implemented immediately by the County and the Board discussed the implications of immediate implementation.

ACTION ITEM: Roger Goodman made and Nancy Code seconded a motion that the Board send a letter to Amnon Shoenfeld, Division Director of Mental Health, Chemical Abuse and Dependency Services, in support of immediate increase in vendor rate. The motion was approved unanimously.

- **Local Match Requirement:** DASA requires a 10% local match for funds provided by DASA. King County is the only County that funds the local match. Other counties pass the match requirement on to the provider agencies. King County is considering asking agencies to provide the match that can be met using in-kind contributions as well as actual \$\$\$\$s. If the local match is covered by agencies, County CD resources now used for the match could be used to fund other services.

II. NEW LEGAL ALTERNATIVES TO THE “WAR ON DRUGS”

Roger Goodman passed out copies of “Effective Drug Control: Toward a New Legal Framework,” a publication by the King County Bar Association, that offers alternatives to the current report on “War on Drugs”. The report is intended to encourage dialogue and discussion of more effective ways to approach the multiple issues of legal responses to substance abuse. Roger extended an invitation to Board members to attend a meeting sponsored by King County Bar Association tomorrow at 5:00pm to introduce the report.

III. GAIN IMPLEMENTATION

The Board asked Jim for an update on the GAIN implementation process. Jim reviewed the process to date including changes the Division has made in the implementation process to address the concerns of youth providers. In a letter to Ken Stark, Director of DASA, dated 2 May 2005, the Washington State Adolescent CD Treatment Provider Association and the King County Youth Providers’ Alliance expressed their non-support of GAIN implementation in King County. (Although the Board Chair was included among those copied on the letter, Linda Brown had not received a copy of the letter before the Board Retreat). Ken Stark’s response to the letter has been to inform the State Treatment Provider Association and the King County Youth Alliance that the choice of an assessment instrument is a County vs. a State issue.

Several Board members expressed disappointment with the action taken by the Alliance and questioned how accurately the letter represented all youth providers in light of the discussion at the March Board meeting. The Board reviewed the Division’s response to the concerns expressed in the March meeting. The Board’s assessment was that the Division has been responsive to provider

concerns and has made significant and appropriate changes in the implementation schedule. As well as changes in implementation, the Division is providing both financial and technical assistance to assist with implementation.

In addition to the funding assistance provided directly by the Division, the Division has submitted a proposal to DASA for a one-time grant to help the purchase of laptop computer for providers. Jim is also working with DASA to integrate data from the GAIN and WAC required data with the TARGET system reporting. This is not an easy task and will take time. The Board reviewed the positive aspects of implementing the GAIN that include (1) being ready to meet the reporting requirements of a growing number of Federal grants, (2) generating a solid data base that will serve a number of purposes, and (3) improving and standardizing the assessment process. The challenges to implementation include (1) the time required for training, (2) the initial equipment and technical support needs for some agencies, (3) the start-up costs to providers related to time for training and clinicians learning to use the GAIN, and (4) the resistance to change.

A very recent development that may impact the longer term use of the GAIN is a bill passed in the last legislative session that instructs DASA to develop a uniform assessment tool to be used statewide by 2007. In view of this development and the fact that DASA has not yet provided any information about assessment tools that may be considered, the Board discussed benefits and risks of immediate implementation. The GAIN is now used in Thurston, Mason, Grays Harbor and Lewis Counties as well as some agencies in King County that have grant funded program that require the GAIN. The use of the GAIN by these counties should provide useful information about the instrument to DASA in the process of choosing a statewide assessment instrument. **ACTION ITEM:** Larry Hill made a motion, seconded by Nancy Code, to support the implementation of GAIN as a two-year pilot project. The motion was approved unanimously.

There will be another GAIN presentation and training by Chestnut Health staff on June 23, 2005 at 1:00 pm-3:00 pm. Board members who were unable to attend the last presentation are encouraged to attend.

IV. ACCESS TO RECOVERY ADVISORY COMMITTEE UPDATE

Kim Murillo, the Board representative to ATR Advisory Committee, updated the Board on the work of the Committee. Through an RFP process, Community Psychiatric Clinic (CPC) was selected as the lead agency that will coordinate and manage the program. The Advisory Committee is working to define the wraparound services that will be offered. There will be a strong emphasis on helping participants secure and maintain housing.

The meeting ended with the Board recognizing and thanking Jim for his outstanding work in strengthening relationships among the many system stakeholders, including CD providers, criminal justice programs such as the Drug Court, and mental health that must work together to effectively service the community.

The meeting was adjourned at 8:05 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit
Recording Secretary

Linda Brown
Board Chair